

REQUEST FOR CONVICTION HISTORY

(Applicant: Return this document, or one of a similar nature, to the Department at the above address.)

Name (First, Middle, Last)	Date of Birth
Complete Address	
Profession or License Type	10-Digit MI Permanent ID/License Number

Purpose for Information: For each conviction provide the offense, year, court, and case number. The Department will use these submissions to gather and evaluate court records. You will be notified in writing if any additional actions are necessary.

Applicants/licensees/registrants are required to possess good moral character. While convictions alone cannot be used as the sole determining factor, the information on this form is one way the department gathers information to review applicants' eligibility. Applicant's qualifications are reviewed on a case-by-case basis.

Conviction	Year	Name and Location of the Court	Case or File Number